



# Disciplinary Report Form

Employee name: <u>Dennis Bernier</u>		Hire Date: <u>2/23/16</u>	Job title: <u>Sanitation</u>
Department: <u>Sanitation</u>		Shift: <u>3rd</u>	Supervisor: <u>Tim Holt</u>
Offense track: <input type="checkbox"/> Performance issue <input checked="" type="checkbox"/> Work rule violation <b>Work rule violated, if any:</b>			
Type of offense: <input checked="" type="checkbox"/> Absenteeism <input type="checkbox"/> Tardiness <input type="checkbox"/> Leaving work area without permission <input type="checkbox"/> Misuse of property/equipment <input type="checkbox"/> Damaging/Losing property/equipment <input type="checkbox"/> Using property/equipment for personal use <input type="checkbox"/> Leaking confidential information <input type="checkbox"/> Theft or fraud <input type="checkbox"/> Lying or cheating <input type="checkbox"/> Falsifying company documents <input type="checkbox"/> Unsafe behavior <input type="checkbox"/> Eating in undesignated areas <input type="checkbox"/> Smoking in undesignated areas <input type="checkbox"/> Posting items without permission <input type="checkbox"/> Fighting or creating conflict <input type="checkbox"/> Spreading gossip <input type="checkbox"/> Using vulgar language <input type="checkbox"/> Rudeness <input type="checkbox"/> Abusiveness <input type="checkbox"/> Horseplay <input type="checkbox"/> Indecent behavior <input type="checkbox"/> Bringing weapon onsite <input type="checkbox"/> Bringing illegal drugs/alcohol onsite <input type="checkbox"/> Failing to follow instructions <input type="checkbox"/> Poor work quality <input type="checkbox"/> Poor work quantity <input type="checkbox"/> Refusing to work <input type="checkbox"/> Sleeping on the job <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Disregarding dress code <input type="checkbox"/> Other			
<u>le absence within 5 months</u>			
<b>Incident description:</b> (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.) <u>3/1/16 other      5/18/16 Sick      7/14/16 Sick</u> <u>3/23/16 other      5/19/16 Sick      7/21/16 other</u>			
Completed by: <u>Renee Burns</u>		Date: <u>7/22/16</u>	
<b>(Shaded area to be completed by Human Resources only.)</b>			
<b>Progressive step:</b> <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input type="checkbox"/> Release <input checked="" type="checkbox"/> Written reprimand <input type="checkbox"/> Discharge <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof <u>Final notice</u>		<b>Previous warnings:</b> Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: <u>5/23/16 written warning</u>	
<b>Consequence if incident occurs again:</b> <u>8 absences by Feb. 23rd 2017 = termination</u>			
Human Resources Signature(s): <u>Renee Burns</u>		Date: <u>7/22/16</u>	
<b>Employee statement:</b> <input checked="" type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> I disagree with the incident description above. <b>Date report presented to employee:</b>			
<b>Employee comments:</b> (Attach sheets if necessary.)			
<b>Employee acknowledgement:</b> My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.			
Employee signature: <u>[Signature]</u>		Date: <u>07-22-16</u>	Witness signature (if any): _____
person presenting report: _____		Date: _____	Signature of _____